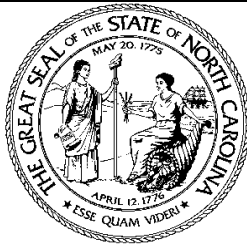


**Department of Health and  
Human Services**

**Return form to: Accounts Payable  
Office of the Controller  
2019 Mail Service Center  
Raleigh, NC 27699-2019**



**Payment Verification Form**  
(Direct Deposit Form)

**Telephone: 919-527-6000**

**FAX: 919-733-1635**

Dear Sir/Madam:

For your convenience and benefit, the State of North Carolina offers payees the opportunity to receive future payments electronically, rather than by check. Your payments will be deposited into the checking or savings account of your choice. In addition to having the money deposited electronically, you also will be notified of the deposit electronically, either by fax or by e-mail. The fax or e-mail will provide you with all the information that would normally be on your check stub. All of the following information is **required** in order to process your request.

◆ ◆ ◆ **Please complete the entire form.** ◆ ◆ ◆

- **ATTACH A VOID CHECK, PRINT THE INFORMATION BELOW and SEND or FAX to the above location.**

Payee Name \_\_\_\_\_

Home Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Beacon ID #/SS#/ Federal ID #** \_\_\_\_\_

Bank Name \_\_\_\_\_

Bank Routing Number \_\_\_\_\_

( ) Checking account # \_\_\_\_\_

( ) Savings account # \_\_\_\_\_

( ) **State Employee**                      ( ) **Non-State Employee**

- FAX or E-mail address for payment notification. (Place a check in front of the method of notification you prefer.)

( ) FAX #                      (   \_ \_ \_ )   \_ \_ \_ -   \_ \_ \_ \_

( ) E-mail address \_\_\_\_\_

Division/Institution: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(ATTACH VOID CHECK)**

*This form is only required for employees receiving a travel reimbursement for the 1<sup>st</sup> time and should be submitted with your 1<sup>st</sup> reimbursement request. (If you do not receive reimbursements, you do not need to apply for direct deposit.) Updates are not required unless you have a change in your banking or notification (email/fax) information.*